



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

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Self-assessment tool for Z Benefit Package for Acute Lymphocytic Leukemia

Name of HCI: _____

Date of Survey: _____ Time started: _____ Time ended: _____

Directions for the HCI:

- Put a check (✓) in the box if the service is available or an X if the same is not available in the HCI.
- For outsourced services, put an X in the "no" box and state in the remarks that the service is outsourced and write the name of the service provider

	Requirements	HCI		PHIC		REMARKS
		Yes	No	Yes	No	
1	Hospital License and Accreditation					
1.1	The HCI has an updated DOH license					
1.2	The HCI has an updated PhilHealth Accreditation					
2	Mandatory Ancillary Services					
2.1	Laboratory and Diagnostic Services including but not limited to:					
a.	Bone marrow examination (morphologic assessment of BMA smear)					
b.	CSF analysis with WBC differential count					
c.	Alanine amino transferase (ALT)					
d.	CSF cytopsin, as needed					
e.	CBC (with platelet count)					
f.	PT/PTT					
g.	BUN/Creatinine					
h.	Bilirubin					
i.	Uric Acid					
j.	Electrolytes:					
	i. Serum sodium					
	ii. Serum potassium					
	iii. Calcium					
	iv. Chloride					
	v. Magnesium					
	vi. Phosphorous (as needed)					
k.	Chest X-Ray					
l.	2-D echocardiography (as needed)					
m.	Abdominal Ultrasound (as needed)					
n.	Evaluation of infection (blood culture) as needed					

	Others, indicate (ex. cytogenetics) as needed					
2.2	Complete list of medicines given					
a.	Systemic					
	i. Vincristine					
	ii. L-asparaginase					
	iii. Doxorubicin					
b.	Intrathecal					
	i. Single (methotrexate)					
	ii. Triple (methotrexate, cytarabine, hydrocortisone)					
2.3	Other drugs (as indicated)					
	a. Prednisone					
	b. Diphenhydramine					
	c. Hydrocortison					
	d. Anti-emetics					
	i. Ondansetron					
	ii. Metoclopramide					
	e. Pain medication					
	i. Nalbupine					
	ii. Tramadol					
	f. Anaesthetics (as indicated)					
	i. Propofol					
	ii. Ketamine					
	g. Sedatives					
	i. Midazolam					
	ii. Diphenhydramine					
	h. Antibiotics					
	i. Co-amoxiclav					
	ii. Ceftriaxone					
	iii. Ceftazidime					
	iv. Amikacin					
	v. Other antibiotics based on the HCI's antibiogram					
2.4	Blood Support and processing, as needed					
	i. Blood typing					
	ii. Crossmatching					
	iii. Screening					
	iv. Blood products (packed RBC/ platelet concentrate/ fresh frozen plasma)					
3	Human Resource					
	The HCI shall have a functional Multi-disciplinary/ Interdisciplinary team (MDT)					

3.1	Pediatric Oncologist or <i>Pediatric Hematologist</i>					
a.	<i>Member in good standing of the Philippine Society Pediatric Oncology (PSPO) or Philippine Society of Pediatric Hematology</i>					
b.	Valid PRC license					
c.	Valid PhilHealth accreditation					
d.	Credentialed and privileged by the HCI to perform/handle Acute Lymphocytic Leukemia (ALL) patients					
3.2	Anaesthesiologist					
a.	Member in good standing of the Philippine Board of Anesthesiology (PBA)					
b.	Board eligible anesthesiologist trained in a PBA-accredited training program or an internationally recognized medical oncology training institute					
c.	Valid PRC License					
d.	Valid PhilHealth Accreditation					
3.3	Z Benefit Coordinator for Z benefit Package for Childhood ALL (At least 1)					
4	Clinical Pathway Implementation					
	Presence of policy adopting the clinical pathway for childhood ALL					
5	Z-Benefit Program Implementation					
5.1	Full awareness of the PhilHealth Z benefit program including No Balance Billing(NBB) and maximum co payments					
5.2	Action plan/ commitment of the HCI to abide with the NBB policy					
5.3	Conduct advocacy programs/seminars at least annually					
5.4	Process for the provision of services for childhood ALL					
5.5	Costing for maximum co-pay					
5.6	Submit report on 2, 3 and 5 year survival rates (if applicable)					

PhilHealth Survey Team

Surveyors' Name	Designation	Signature

HCI Management Team

Names of Management Team	Designation	Signature